

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 21 January 2015, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Mr E Black (EB)
Dr A Boyter (ACB)
Mr J Burton (JB)
Prof J Cromarty (Chair)
Mr A Glauch (AG)

Dr J McAnaw (JMCA) (Vice-Chair)
Ms S Melville (SM)
Mrs K Munro (KM)
Dr A Power (AP)
Mr D Thomson (DT)

In attendance

Mrs Helen Gordon (HG), Chief Executive, Ash Soni (ASo) , RPS President (both from 10.20 am), Alex MacKinnon (AMacK), Director for Scotland, Aileen Bryson (ABr), Scottish Practice & Policy Lead, Annamarie McGregor (AMcG), Professional Support Pharmacist, Susanne Cameron-Nielsen (SCN), Head of External Affairs, Carolyn Rattray (CR), Business Manager, Elspeth Bridges (EBr), Membership Development Manager, Deborah Stafford (DS), Educational Development Pharmacist (from 11 am), Charles Willis (CW), Head of Public Affairs and Stephen Robinson (SR), RPS Correspondent.

15/01. Welcome and Apologies

The Chair welcomed everyone to the meeting, wishing them a Happy New Year and noting that business in 2015 would be every bit as busy as in 2014. The Chair warmly welcomed Stephen Robinson from the Pharmaceutical Journal. The Chair noted that the Chief Executive and RPS President would be arriving imminently. The Chair recommended a structural change to future SPB agendas; indicating that agenda items 'to note' should be considered at the end of meetings.

Apologies were received from Andrea Smith and Dr Catherine Duggan (Director of Professional Development and Support).

The Scottish Pharmacy Board

agreed

that agenda items to note should be considered at the end of meetings.

At 10:25, the Chair welcomed the Chief Executive, Helen Gordon (HG) and the President, Ashok Soni (ASo). The President thanked the Board for inviting him; he gave a brief summary of his background in pharmacy, stating that, first and foremost, he is a community pharmacist. ASo is keen to be of real value to the Membership; his role is to be as visible as he can be to promote the Society. He is happy to go to meetings and events 'wheel me out!' ASo has set the organisation a challenge to grow the membership at a rate that is at least that of the number of new pharmacists graduating each year from university. As far as he is concerned, the RPS should be the 'go to organisation' for anything to do with pharmacy.

BMs and staff introduced themselves to the President, giving background and aspirations.

15/02. Declarations of Interest

(Item: 15.01/SPB/01) Board Members (BMs) were reminded to declare any specific interests prior to discussion of agenda items.

Action point: Board Members to notify Carolyn Rattray (CR) directly of any amendments.

15/03. Confirmation of Board Meeting Minutes

The Scottish Pharmacy Board

approved

the minutes of the Scottish Pharmacy Board's Public Business meeting held on Wednesday 1 October 2014, with one amendment:

- **P.1. 14/58** – clarification that HG joined the meeting by video-conference.

15/04. Matters Arising

- **P.3. 14/61. Age Scotland** – BMs were advised that Susanne Cameron-Nielsen (SCN) has copies of the Age Scotland 'Hot Tips' calendar for them to look at.
- **P.5. AP re: Royal College of General Practitioners** – The Chair advised BMs that the relationship with RCGP remains strong and that a Doodle Poll had been sent out that morning to set up another meeting between the RPS and RCGP to review and progress the joint action plan.
- **P. 18. Professional Indemnity Insurance (PII)** – The Chair reported that due to the very full agenda, PII would not be considered at this meeting. It was agreed that it should be added to the agenda for April's SPB meeting. The Chair added that PII may be considered at the next meeting of the Professional Leadership Body Board (PLBB). Alex MacKinnon (AMaCK) added that the subject of PII was considered every year and the feeling has always been that, in a very competitive market, it should not be pursued.

Action point: AMaCK / CR to include PII on the agenda for the SPB meeting on Wednesday 22 April 2015.

15/05. National Pharmacy Board Elections 2015

AMacK reported that the 2015 election process has now started; a productive planning meeting was held on 20 January 2015. Four Members of the SPB will step down this year; those stepping down in 2015 are the Chair, former Chair, former Vice-Chair and current Assembly member - 'a wealth of experience'. It was noted that 'everything will occur a week earlier because of the timings around Easter. UK Engage has been re-engaged to run the election; BMs were advised that further improvements have been made to the electronic voting system.

The Chair asked if the paper referred specifically to the hustings process. He suggested that the logistics and the sequencing need to be considered carefully if hustings are to be run again as they cause a great deal of work, consideration and deliberation when, in general, Members had already voted by the time that the hustings were 'live'. Alan Glauch (AG) echoed the Chair's comments regarding the hustings process. AMacK reassured BMs that the participation in the hustings is not mandatory and that there would be other ways to communicate with the electorate, e.g. through LPF events, etc. Support will be available to candidates if required.

The Scottish Pharmacy Board

noted

the paper (Item: 15.01/SPB/03) on the National Pharmacy Board Elections 2015.

Action point: AMacK to feed back to Howard Miller / Mike Bonne comments around the hustings.

15/06. National Chairs to have additional title of Vice-President of the RPS

(Item: 15.01/SPB/04). The Chair and Director gave the background to this agenda item which was approved by the Assembly at their meeting in November 2014. The Chair noted that consensus from the national Boards is required. The President had reported that there are a number of GB events/activities where the President is specifically invited but is unable to attend. The title of Vice-President (VP) would be given to each of the national Board Chairs, to be used only when performing a representative role for the RPS; the title would be informal and would have no bearing on the RPS structure and governance.

John McAnaw (JMCA) noted that he recognised the benefits but sought reassurance that it is 'a deputisation and not a hierarchy' and that it is not open to misinterpretation. The perception of 'hierarchy' was echoed by Sandra Melville (SM) who was concerned that a new level of hierarchy would be established where the Chairs, as Vice-Presidents, would be considered subordinate to the President. SM suggested that this matter should be considered as part of the wider governance review.

Ewan Black (EB) suggested that the proposal was 'entirely laudable' but suggested that if the Assembly can make this change informally and unconstitutionally, that it should also be possible to have a President of each national Board on the same basis.

ACB suggested that, as is done at Strathclyde, both titles should be used, i.e. Chair of SPB and VP of RPS.

DT suggested that the Chair should attend as Chair with elevated autonomy to act as VP without introducing a 'false' title.

KM asked why this matter shouldn't be formalised.

ASo gave an example as to why an informal title of Vice-President could be useful. The MHRA is to hold a meeting in Edinburgh on *Yellow Card Reporting*; ASo is unable to attend and would like the SPB Chair to attend in his place. Externally, the President is seen as the figurehead of an organisation. The MHRA has specifically asked for the President to attend and so, rather than not send anybody, it would be beneficial for the Chair of the SPB to attend in his place as Vice-President.

SM was reassured by this and, noting the perception of hierarchy, suggested that a Chair could attend as 'Acting President'.

AG suggested that the Membership wouldn't understand the reasons behind this informal title; also, if this doesn't need to go through due process then other things wouldn't need to.

HG advised BMs that this matter could go through due process as part of the strategic governance review, taking up to 18 months; HG noted that Chairs do act as Presidents in their own countries; as an example, HG noted that, in the case of the RCGP, the Chair is in everything but name, the President - the pre-eminent face of GPs. HG suggested that, whilst a formal process is being considered, when responding to invitations, the words: 'acting for the President' could be included; this could be put in place immediately.

The Chair sensed and understood the concerns and reservations of BMs and shared some of the reservations around changes made on an 'expedient basis' which might be perceived by the Membership to not be clear and transparent. He would be in favour of re-routing the proposal through a formal process. In the meantime, BMs were asked if they would be happy for the position of SPB Chair to be described as 'Acting for the President' when appropriate. The SPB confirmed this. The CEO and President were satisfied for this to proceed in this manner. The Chair reminded BMs that 5 years down the line, a governance review of the organisation is about to take place.

The Scottish Pharmacy Board

confirmed

that the SPB Chair could be referred to as 'Acting for the President' when performing a representative role for the RPS on behalf of the President.

15/07. Chair and Vice-Chair's Report

The Chair formally thanked John McAnaw (JMCA), Vice-Chair for deputising for him when he was unavailable.

The Chair drew BMs' attention to the Professional Leadership Body Board (PLBB), the structure of which is noted in the report. From the perspective of both the elected senior members and the Executive it is 'a very useful forum', to exchange mutual ideas around strategy and priorities between the elected representatives and the Chief Executive and senior staff; 'it has proved its value thus far'.

The Scottish Pharmacy Board

noted

the Chair and Vice-Chair's Report (Item: 15.01/SPB/05).

15/08. Professional Development and Support (PDS), Professional Support & Standards Update

The Scottish Pharmacy Board

noted

the PDS Professional Support & Standards Update (Item: 15.01/SPB/06).

15/09. PDS Library and Museum Update

The Scottish Pharmacy Board

noted

the PDS Library and Museum Update (Item: 15.01/SPB/07).

15/10. PDS Leadership Update

The Scottish Pharmacy Board

noted

the PDS Leadership Update (Item: 15.01/SPB/08).

15/11. Consultations and Policy Update

The Scottish Pharmacy Board

noted

the Consultations and Policy Update (Items: 15.01/SPB/09, 15.01/SPB/09-app1 and 15.01/SPB/09-app2).

15/12. Science and Research Update

The Scottish Pharmacy Board

noted

the Science and Research Update (Item:15.01/SPB/10).

15/13. Local Practice Forum (LPF) Update

Elspeth Bridges (EBr), (Membership Development Manager) reported on a very successful Xmas party, held on 10 December 2014 at the MacDonald Holyrood Hotel. She thanked the 5 members of the SPB who attended and extended special thanks to Jonathan Burton (JB) who brought along 18 pharmacists. JB was presented with a gift as a thank you for his support. EBr circulated LPF event calendars to BMs. The Chair thanked EBr for 'driving this event' through and also JB for getting so many young pharmacists to attend. The Chair hopes that the event can be built on for 2015.

EBr drew BMs attention to the LPF Events calendar, advising that the main focus is on newly qualified and 'Early years' pharmacists.

JMcA was encouraged to note an even mix of open and member only events. He asked if there is any additional activity planned to re-energise some of the LPFs. EBr

confirmed that a Highlands LPF Steering Group (St Grp) meeting took place just before Christmas and an event for independent prescribers is planned for 26 February. AMacK explained that, since the LPF Away day in September, a process of reinvigorating the St Grps is underway, using the North East of Scotland LPF model. It is envisaged that the St Grps will function in a different way than previously, with work being shared out more and the hope is to recruit increased numbers of younger members. The East of Scotland LPF (EoS LPF) is to host an event for the newly qualified pharmacists in the Spring of 2015 and other events are being planned on such subjects as the Chronic Medication Service, COPD and patient safety. AMcG has joined the West Central Scotland (WCS) LPF St Grp and called on the support of BMs with recruitment and events. It was agreed that closer links should be forged with the Schools of Pharmacy (SoPs) to have a research focus and to have an event with the pre-reg pharmacists linking to polypharmacy and to have an annual event. AMcG noted that she will be taking an OTC event to all the Health Boards in 2015. She confirmed that the LPF requiring most support is the South West of Scotland LPF; it is hoped that the SWS LPF will hold a dementia event which will take the group through the whole of 2015; this will provide an opportunity to build up new members. JMCA suggested that VC / webinars could be used for LPF events in SWS to help increase access for members.

AMacK updated BMs on the creation of a sixth LPF to cover North Fife and Tayside. At a recent East of Scotland (EoS) LPF St Grp meeting, which included members from Fife and Tayside, it was agreed that it should remain as the EoS LPF with events being repeated three times at different venues to ensure full coverage of the region. This approach will be reviewed to ensure that it is working.

AMacK then introduced Deborah Stafford (DS), who has been seconded from NHS Tayside. DS's role is funded by National Health Education Scotland (NES); it is a joint RPS / NES project to look at vocational training across the Scottish NHS and how it can be linked in to the RPS Faculty. DS gave a brief summary of her role which is to look at what is currently available through NES and looking at the resources of the Faculty's Foundation and Advanced Framework. She will be looking for overlaps and also gaps and how *PfE* will affect pharmacists and how the tools we have can help to develop pharmacists in Scotland.

AMacK thanked NES for the £50k grant which is funding this project. AMacK advised BMs that we have now received another grant of £50k to fund another joint project and due consideration is being given to this.

ACB invited DS to visit Strathclyde SoP to discuss the joint RPS / NES project and how this could feed into the MSc, bringing the whole spectrum together.

The Scottish Pharmacy Board

noted

the Local Practice Forum Update.

15/14. External Relations Flash Report

The Scottish Pharmacy Board

noted

the External Relations Flash Report (Items: 15.01/SPB/12 and 15.01/SPB/12-app1).

15/15. RPS in Scotland National Seminar 2015

(Items: 15.01/SPB/13 and 15.01/SPB/13-app1). The original date for the RPS in Scotland National Seminar had been 6 /7 June with a half day on the Saturday, dinner in the evening and then a whole day on the Sunday. As a number of other pharmacy related events are scheduled for the weeks preceding, it was considered best to reschedule to the end of August; a provisional date of 29/30 August has been booked with the Stirling Court Hotel. AMacK reassured the meeting that the Scottish National Seminar would not detract from the RPS Conference and that as many Scottish Members as possible would be encouraged to attend the GB event as well. BMs were advised that 29/30 August might be challenging in that it is a bank holiday weekend in England and Wales and so staff from Lambeth might not be available to support this event. The Chair suggested that keeping to the original dates might constitute a risk as employers might not be keen to release their staff for a number of events in close succession. ACB suggested that moving the date to August was the only viable option but that it would be difficult to 'capture students'. JMcA echoed ACB's comments noting that a promise had been made to Scottish Members; he suggested that the joint conference with NES might be sufficient, particularly as further funding has been secured.

The previous weekend, 22/23 August was suggested as it was agreed that Head Office support would be critical, particularly from the Events team to enable smooth event management.

AMacK reminded BMs that the theme of the conference will be 'Pharmacy working together', an intra-professional working event with the RPS in Scotland (RPSS) demonstrating leadership in pharmacy; the Saturday will be about the Foundation Framework and Faculty, etc. with the Sunday being a more general event about sharing best practice and encouraging the different sectors into better intra-professional working. There will be no inter-professional activity at this event, although there may be in future years.

AMacK advised BMs that it is hoped to have an event for hospital pharmacists but that this has not been confirmed and no date set as yet.

HG suggested that detailed operational background work would be required before a proposal can be made to the SPB.

The Scottish Pharmacy Board

supported

The change of dates for the RPS National Seminar from 29 / 30 August 2015 to 22 / 23 August 2015 as long as central support can be secured.

Action point: Scottish Team to check that Head Office support will be available on the weekend of 22 / 23 August 2015.

15/16. Chief Executive's Report

Helen Gordon (HG), Chief Executive gave a verbal update on activities since the October 2014 SPB Meeting. These included:

- 2015 Business Plan: Much of the focus has been about taking the Society's business plan for 2015, which was approved by the RPS Assembly at the November 2014 meeting, and setting manageable objectives for the year which fit and which are supported across the organisation and nations.
- Change: Supporting major change will be vital in 2015; HG highlighted the developments within Pharmaceutical Press (PhP) to re-design the British National Formulary (BNF) as well as the Pharmaceutical Journal (*Journal*) and Medicines Complete; she encouraged BMs and the Scottish Team to maximise time with the RPS Correspondent to ensure the best working relationship.
- Quinquennial Review: HG and the Executive Team are to review the governance layer in a quinquennial review which will look to develop the long term strategy of the organisation. Howard Miller, Secretary to the Assembly, will be supporting this work.
- Membership renewals: The Membership renewals cycle has just started; this is a really vital time of the year. HG called on the support of BMs to support this work. It was noted that 'face to face' meetings of BMs with members works, as do LPF activities. This activity will need to be performance managed in terms of numbers and money; the conversion of pre-regs to full members will be very important.
- Finances: The Society's finances are likely to end the year as planned; in 2014, there was significant investment into PhP, the Foundation and the Faculty and this will continue into 2015 before the Society starts to see a return on its investment. Although more detail will be given in Confidential Business, HG was able to confirm that the organisation is tightly managed and that year end will be as expected.
- Relocation of Head Office: HG confirmed that the Scottish office will benefit from all the new and improved technology; this will be crucial in the management of staff time.
- Medicines Legislation: There are reasons to be hopeful that this is moving towards consultation on the Section 60 orders for decriminalisation and also the standards element of the General Pharmaceutical Council (GPhC). HG concluded by advising BMs that, during the year, more will come back to the National Pharmacy Boards (NPBs) and particularly the PLBB on activities UK-wide, particularly around anti-microbial resistance coming from the Chief Medical Officer's Office, because of activity at the World Health Organisation at the end of 2014. There is the work emanating from Europe, i.e. Falsified Medicines Directive; this will be a more prevalent topic throughout the year which is to be welcomed.

15/17. Scottish Pharmacy Board Business Plan (BP)

Alex MacKinnon (AMack), Director for Scotland, updated BMs on developments with the SPB 2015 BP which was signed off by the SPB at the October 2014 meeting. It is

still a one page strategic document with minor amendments since the last meeting; the most important addition comes under the heading of *'Improving Patient Outcomes'*, and this is working closely with Community Pharmacy Scotland (CPS) and the community sector to support the development and positioning of community pharmacists' clinical role. AMaCK recognised that there have been issues but there are more commonalities, not least of which is access and input into the electronic patient record. There will be increased engagement with CPS and the community pharmacy sector in 2015 to move forward this crucial agenda.

Mission and Vision statements have been included which support the RPS GB BP. There are three main headings to the SPB BP 2015; these are: *'Improving Patient Outcomes'*, *'The Member Journey'* and *'Voice and Reputation'*. AMaCK noted that, going forward, reporting should be much more straightforward; he advised that the Key Performance Indicators (KPIs) will be expandable and rather than provide several updates, all activity and progress will be reported under each of the three headings; he noted that, before new activities are undertaken, consideration will be required to ensure that they fit within the three key objectives of the Scottish BP and also the objectives of the GB BP. In 2015, it will be crucial to achieve 55% membership which will be achieved through a mixture of activities – EBr will work with the 'Early Years' pharmacists, Aileen Bryson (ABr) and AMaCK will focus on the Faculty and Annamarie McGregor (AMcG) with ABr will engage with students; this will be in addition to individual conversations.

AMaCK explained how the KPIs paper worked; the KPIs will be for both the SPB and the Scottish Team to deliver. KPIs include membership targets, i.e. retention of 92% of the membership, and increasing overall membership to at least 55% of the practicing Register. 100 new Members will be attributable to team activity as a ROI from the Assembly and each BM and pharmacist team member will be tasked with recruiting five new members to membership. KPIs around events are included with three main events planned for 2015, these are:

- Joint conference with NES, on 26 May 2015: This event will focus on *PfE* and all team and Board Members, unless on annual leave, will be expected to attend.
- RPS in Scotland National Seminar: Please see minute: 15/15.
- Hospital Conference: this will probably be a joint event with NES – date is still to be confirmed.

To ensure delivery of the BP, the pharmacists in the team, BMs and SCN will be 'out and about' engaging with stakeholders and members to promote the work of the Society in Scotland; two Fixed Term Contract posts have been secured to support this work.

AMaCK asked BMs to approve and support the one page business plan, the Mission, Vision and the KPIs. He noted that media training will be made available for BMs. KM asked about continued fitness to practice as this will change things completely. HG responded that it is vital that the RPS seizes this opportunity as 'a golden egg' for our members. Preliminary meetings have taken place with the GPhC and they are considering the Faculty, Foundation materials, etc. to scrutinise and assess the level that they might support a pharmacist on the journey to continued fitness to practice.

The public message is that the Society is working closely with the GPhC to ensure that the journey is a smooth process for RPS Members.

ASo reminded BMs that, in his presidential address at the RPS Conference, he has set a challenge to all national Board Members to submit their Faculty applications. AMaCK confirmed that the BP Quarters are based on the calendar year, from January to December; he explained that he is in the process of mapping the KPIs into a project plan timeline.

The Chair congratulated AMaCK on his succinct delivery of the BP. Because of the huge workload, priorities will need to be revisited and considered on an ongoing basis. Careful consideration and caution will be required to ensure that any activities fit within the objectives of the BP.

BMs were reminded of staff well-being; as always, staff will work together to ensure that targets are achieved, but the active support of BMs and Members will be required to make it work.

HG noted the significant workload and requested that the timeline (calendar of activities) be shared with her at the earliest opportunity; she noted that some areas that are noted as KPIs are actually activities relating to KPIs.

The Scottish Pharmacy Board

approved and supported

the one page business plan, the Mission, Vision and the Key Performance Indicators. (Items: 15.01/SPB/14, 15.01/SPB/14-app1 and 15.01/SPB/14-app2)

Action point: AMaCK to edit KPIs.

Action point: AMaCK to share the project plan timeline with HG as soon as it has been completed.

15/18. Membership Development

Elsbeth Bridges (EBr), Membership Development Manager provided BMs with an update on Scottish membership. There are currently 4,354 pharmacists registered in Scotland, of whom 2,276 are Members of the RPS (52%). 44 new members would be required to increase that figure by 1%, 12 new members have already been recruited and so only a further 32 would be required. EBr asked BMs for their support, to give advice and information on membership from within their networks.

EBr suggested to the President and HG that part-time membership should be revisited as there are many pharmacists, e.g. locums working part-time, for whom the Membership fee is prohibitive. ASo asked how many pharmacists on the GPhC Register work part-time as this would support any discussions. HG noted caution around part-time membership as part-time members would receive the same benefits as full-time members. HG noted that the membership subscription for RPS is already very reasonable compared to other Royal Colleges. EBr noted that tax can be reclaimed on the membership fee; HG agreed that tax breaks should be promoted as should payment by monthly direct debit to help with budgetary requirements. She also suggested that rather than a part-time membership category for which a member would still receive full benefits, the catalogue of all benefits, products and resources

should be made very clear. Financial and reputational viability will be 'key' for the Society this year.

EBr advised BMs that the Pre-reg membership has changed and they now have to convert to full membership in the October of each year.

EBr noted that she had met with 62 pharmacists and pharmacy technicians to discuss RPS membership benefits and activities, at the NHS Tayside Locality Development Day on 19 January; this had been organised through DS (Educational Development Pharmacist). BMs were asked for their support in providing opportunities for EBr to promote the Society to as many audiences as possible.

AMcG noted that it would be beneficial for the Foundation Programme to have the 'buy in' of the community pharmacy contractors.' There is a graduated membership fee for newly qualified and early years' pharmacists, and EBr confirmed that membership fees can be paid monthly by direct debit.

SM asked about targeting people who aren't members; it was agreed that EBr should request a list of current RPS members for circulation to BMs.

DT asked for reassurance that a list of current members will be made available. He noted that someone who had vowed never to become a member again, became one because of a particular event.

ASo suggested that it is not just a matter of what the Society does for Members but also what Members can do for the profession, e.g. mentoring; a key component of what the Society should be developing.

AG's concern was that unless the contracts allow members to use mentoring and framework tools, he struggles to deliver the service he aspires to as there isn't anything within 'community' to take the framework forward. It works in hospitals with career progression but he is not aware of anything similar for 'community'.

AMacK confirmed that DS's project will consider the community sector. AMacK, together with Rose Marie Parr (Director of NES) are to work up a joint article for the 'Journal' about this project and the funding that has been made available (Items: 15.01/SPB/15 and 15.01/SPB/15-app1).

Action point: EBr to request a list of current RPS Members from Simon Hoy (CRM Manager).

Action point: EBr to provide details from Marketing & Membership about how to reclaim tax on Membership subscription.

Action point: AMacK to progress joint article for the Journal

15/19. Faculty and Foundation Framework

The Chair noted apologies from Dr Catherine Duggan (CD) (Director of Professional Development & Support) and gave some detail as to why CD could not attend the SPB meetings. AMcG noted that CD is to visit Scotland on 3, 4 and 5 March, 4 March will be at Robert Gordon's University (RGU). AMcG asked for BMs support in setting up meetings with key stakeholders in Scotland on 3 and 5 March.

ACB asked that there is a clear agenda for CD's visits.

ABr advised that, in May, Hannah Wilton (HW) (Faculty Development Lead) is to repeat the Faculty presentation that she had given at Strathclyde, this time to the Primary Care Pharmacists in Greater Glasgow and Clyde (GGC); BMs were asked to advise ABr if there are other opportunities for HW to present whilst in Scotland. (Items: 15.01/SPB/16, 15.01/SPB/16-app1, 15.01/SPB/16-app2 and 15.01/SPB/16-app3).

The Scottish Pharmacy Board

noted

the Faculty and Foundation Framework Updates.

Action point: BMs to support AMcG in the setting up of meetings for CD's visit on 3 and 5 March.

Action point: BMs to advise ABr of other opportunities for HW to present on the Faculty when she is in Scotland in May.

15/20. Quality Systems (QS)

Annamarie McGregor (AMcG), Professional Support Pharmacist, presented on the RPS Quality Systems.

AMcG explained that attempts are being made to change the dynamic of how RPS launches initiatives. When an initiative is launched, an update is produced and then AMcG will then take it round Scotland. It would be helpful that, when an initiative is launched, a powerpoint presentation is produced for staff and BMs to use. AMcG confirmed that a 'soft launch' has taken place but that an official launch will take place when the comms around it have been prepared. www.pharmacyQS.com is now live.

Ordinarily, before presenting, AMcG would ask each participant to define quality in a couple of words and would then go through the quality systems strategy. AMcG explained that the ultimate outcome is that pharmacy should be intrinsically linked to quality and that when pharmacy is mentioned, 'quality is part of the conversation'. The RPS wants to lead on the quality agenda from within pharmacy and the purpose is for pharmacy to be identified with quality and the pursuit of quality. Scotland is 'ahead of the game' as it already has the Scottish Patient Safety Programme (SPSP).

The Quality Systems: www.pharmacyQS.com site will be a 'one-stop shop' for all pharmacists at all levels. AMcG noted that the site is very user-friendly and refers quite heavily to Scottish work. AMcG asked BMs to look at the site when it is launched and then to take out to their networks; the presentation, together with supporting text, will be available for BMs; CR to send out to BMs.

Key benefits:

- Patient safety and experience
- Better work place environment
- Pharmacists will work more effectively within their teams
- Pharmacists will be more comfortable applying tools in their working practice

If we are looking to support the change dictated by *PfE* then we need to support change in quality systems. BMs were asked to consider how QS can be taken forward and promoted across Scotland.

The Chair noted that most pharmacists will have a very good understanding of quality systems (pharmaceutical analysis as an example) and that QS would be a means of adapting a skill set that most pharmacists implicitly have, but taking it out to the whole profession and making it explicit. AMcG noted that the public's perception of pharmacy may not be quality; this is something that it would be desirable to change.

HG added that the ability to pull together in one place a basket of tools that are relevant, that include, but go beyond risk and safety, to learning, culture and re-designing services; it is an 'organically growing basket.' BMs were asked to pass on any examples of the use of these tools to Wing Tang (Senior Professional Pharmacist) who has led on this project.

ACB suggested that QS would be perfect to take out to LPF meetings and also for under-graduates.

ABr suggested that, with rebalancing, QS will fit in when meds legislation moves to regulation; 'the jigsaw begins to fit'; the importance of rolling this out to Members cannot be over-emphasised. HG noted that, because quality improvement is so important to pharmacy as a whole, a decision has been made to make it publicly available.

Alex reminded BMs that QS is one of the key areas within the 'Improving patient outcomes' section of the Business Plan but actually threads throughout the BP, helping the 'Member journey' and also 'Voice and Recognition'.

JMcA asked if there is an intention to enhance the site with Member only 'add-ons', to encourage new members. AMcG confirmed that whilst the site 'signposts' to some 'Member only' resources; most of the content is already in the public domain.

AMcG suggested that the RPS should aspire to having a quality practice award similar to that of RCGP. The RCGP award is seen as having been integral to changing GP practice. To have an award would be appropriate as the Society heads towards becoming a Royal College. AMcG also asked that the RPS in Scotland National Seminar should have a quality theme.

SM asked if there is any content or proposed content for technicians who aren't able to be Members? HG confirmed that this is a joint venture with APTUK and PSNI; the first box brings in technicians. The whole ethos of the QS is teamwork which embraces technicians. It is a collaboration across the UK.

There is a direct link between QS and the Foundation and Advanced frameworks and that this is something that would be used on a work place level; BMs should be mindful of this when presenting at LPF events, etc.

Action point: CR to circulate presentation and accompanying comms to BMs.

Action point: BMs to consider presentation, website and comms package and feed back to Wing Tang and AMcG.

15/21. **Prescription for Excellence (Pfe)**

The Chair warmly welcomed Professor Bill Scott, Chief Pharmaceutical Officer (CPO), to the meeting. The Chair explained that, before giving the CPO a 'platform', he would give a brief update on progress of the Pfe Steering Board and AMacK would do the same with the Pfe Reference Group.

Pfe Steering Board (St. Brd).

The Pfe web page is now live and all key points from St. Brd meetings are available to view there. The Chair explained that the purpose of the St. Brd is made up of Scottish Government health departments, social care directorates, NHS Scotland and professional bodies, basically to provide an overview on the implementation of Pfe. It sets times scales and identifies priorities and risks, assessing progress against each action point and the group meets approximately every quarter. There is a significant amount of activity and it is the St. Brd's responsibility to ensure that this is communicated effectively and to engage stakeholders in this work. Following concern

around the number of working groups, this has now been reduced from 17 to 11; this is being achieved by merging some groups which have similar functions and ambitions. The Chair was invited onto this Board as the SPB's representative; if BMs have any issues that they wish to be considered by the Brd, he will ensure that they are considered. The next meeting is scheduled for 28 January 2015.

PfE Reference Group.

AMaCK updated BMs on the work of the *PfE* Reference Group; this is a large cross-sectoral group which has patient representatives. AMaCK attended his first meeting in November 2014. The meeting took the form of a programme background update with a report from the Scottish Government (Scot Govt) team which has been visiting all of the Scottish NHS Boards and also a very informative presentation, by the Alliance, on the results of a patients' survey. The rest of the morning was given over to sharing some of the learnings from existing *PfE* initiatives, these included:

- inter-professional learning led by Ian Rudd, from NHS Highland
- acute services in relation to *PfE*, shared by Frances Rooney from NHS Tayside
- education, training, workforce clinical and professional leadership updates, from NES
- E-health and HEPMA updates from Laura McIver.

The afternoon session focussed on workshops around stakeholder positioning with Scot Govt's communications team.

The Chair introduced The CPO to the meeting. The CPO gave an overview on progress to date with *PfE*. Although it has taken a long time, an infrastructure for *PfE* has now been established; The CPO noted that it is a ten year plan and the careful consideration that has gone into the planning stage will help to ensure better outcomes. The programme is not just about pharmacy, it is 'much wider than that'; it is about how healthcare is to be delivered in the future and, from the profession's perspective, how pharmacy can influence this and engage with the whole NHS and all healthcare stakeholders. It is important that pharmacy is represented in the right way to civil servants; the profession has to be very clear on its message to the public, to civil servants and other politicians. The message should be about the impact of 'our profession' and individuals on improving the pharmaceutical care of patients; regardless of where an individual works in pharmacy, 'this is about the profession and how pharmacists will closely integrate with other healthcare professionals'. The intention is that the recommendations and outputs from the working groups will move into other areas for discussion; it may be that changes will be required to the contractual arrangements and services supplied within the community. There will be changes to practice within the hospital service and consideration given as to how primary and secondary care will come together. The CPO concluded his update by stating that this is the future, it is Government policy and strategy; his advice was to not stand aside 'and wave it goodbye' but to embrace it. He noted it is about young professionals who we want to encourage into our profession, by clinical practice. It is a responsibility of the professional body to ensure that messages about the importance of clinical practice are conveyed to our young people, to the politicians and to the membership. The CPO thanked the professional body for its support of *PfE*. (Items: 15.01/SPB/17 and 15.01/SPB17-app1).

EBr asked about the level of interaction with the pharmaceutical industry (pharma). The CPO confirmed that Scot Govt has presented to pharma; it is very important to take them along with us. EBr emphasised the need to engage with the pharmaceutical industry to have a transparent working relationship. The CPO agreed but urged

caution in that pharma has too great an influence on nurse prescribing. The Chair noted that there are opportunities to use and include the pharma industry to best benefit.

David Thomson (DT) suggested that the Professional Body might act as a 'broker' between the health boards and pharma to break down barriers. He noted that the Society had had a good relationship with the Association of the British Pharmaceutical Industry (ABPI) and that it would be useful to reinvigorate that dialogue.

Alan Glauch (AG) noted that there has been disparity between the Community Sector and the Managed Service (MS), and that there was much angst within community; there is a need to reassure the deliverers of the service that *PfE* can be carried forward. The CPO agreed that this is a justifiable concern, noting that '*PfE* is not a revolution, it has to evolve'. The profession will lose some pharmacists, but the majority will want to take on new skills. He emphasised that, when looking at education, it has to focus on all pharmacists otherwise an elite will be created. The Faculty has a very important role to play but it will need to present itself as accessible to all, a step function. AG felt that the seeds that are being planted may be stepping on relationships which have already been established. The CPO empathised with AGs concerns but noted that the most important thing is that the patient knows that whoever is looking after their care and prescribing is doing it for them, is independent of thought and that, regardless of who is delivering the care, they feel supported by their employers and 'not directed'. The CPO empathised with AGs concerns but the conundrum is how to move this forward in a way that does not strangle the commercial industry but utilises it and, at the same time, allows the pharmacist to develop new skills with the GPs.

SM suggested that the RPS Faculty provides a solid basis to support the ambitions and aspirations of *PfE*. The Foundation Framework should reflect the values of *PfE*; SM noted that although *PfE* is a Scottish initiative, its ambitions are GB wide and that it might be worth having a conversation with CD to ensure that the Faculty and *PfE* are aligned and can support pharmacists to up-skill. It was suggested that the Faculty should teach personal skills as well as clinical skills. ASo noted that the Faculty / Foundation is key in the progression of the pharmacist's life-long professional journey; pharmacists are key players in the health outcomes of the population.

SCN asked about the evidence base for outcomes; within the CPO's division, a Therapeutics Branch has been publishing evidence-based data on prescribing trends. Outcomes from this data will be reviewed although, at the present time, this is for internal use only; it will need to be extended to include the health boards and also individual practices.

AMcG advised BMs that, over the last year she has been to most of the Special Interest Groups (SIGs) for pharmacy to discuss and promote *PfE*. She noted that one of the key things that is missing is the evidence base and outcomes; pharmacists are delivering but there is no outcome data that can be used by other pharmacists across Scotland. AMcG suggested that the RPS, as an integrated organisation, can encourage and support the research and gathering of evidence based outcomes. The CPO quoted an article in the BMJ which considered 'evidence based outcomes against eminence based outcomes'!

KM was concerned that members aren't aware of the significant levels of activity. Ailsa Power (AP) noted that the purpose of the NES Conference in February is to raise awareness of this.

JB acknowledged that *PfE* is starting to 'have / show an effect', particularly at Health Board level across all sectors: 'the lines are really starting to blur'. He does have some concerns, the first being that there is a widespread, and often unspoken,

concern regarding the working groups, that there is a lack of clarity and that there has been little communication regarding the membership and leadership of the groups. There is a 'clear and present risk' of not engaging pro-actively with all stakeholders. JB suggested that the inherent barriers to the expansion of the current model of pharmacists prescribing should not be ignored; if the aim is to enhance pharmaceutical care, then the majority rather than the current minority of pharmacists need to be involved. The CPO acknowledged the importance of this and advised BMs that further information about the Chairs and membership of the working groups will be made available in the near future.

The Chair concluded the item by recognising the CPO's personal vision and ambition in relation to pharmaceutical care; this has never faltered. It has always been a tough agenda which he has never compromised on; the result is *PfE*, which 'knocks into touch any other attempts to make pharmacy an effective component of integrated health and social care'. The Chair recognised the fantastic contribution that he has made for pharmacy; he thanked The CPO for his attendance at the meeting and asked the Board to wish him well for the future.

The Chair then made a closing statement to advise the CPO on the RPS in Scotland's position in relation to *PfE*. The Society recognises, shares and supports the activities of all pharmacists to provide good pharmaceutical care, developing practice and making contributions wherever they are and whether they are prescribers or not. The SPB has a working group which is embarking on a stratified implementation plan that recognises where pharmacists are in relation to *PfE* and furthers their cause and supports them to contribute to the best pharmaceutical care. The SPB's vision is a broader strategy than some would perceive to be the main mission of *PfE*.

Prescription for Excellence – Influence and Governance.

Aileen Bryson (ABr), Scottish Practice and Policy Lead, gave some background to this agenda item (Item: 15.01/SPB/17 and 15.01/SPB/17-app1). The papers seek to outline a suggested framework for the RPS in Scotland to influence the direction of travel and outcomes from the SG's *PfE* strategy and action plan. BMs were asked to discuss and approve the suggestions listed and to form a virtual network (VN) working group to focus on this work stream.

- It was suggested that there should be a generic email address for the Chair which would be accessible by Scottish Directorate staff. Elaine Muirhead, from Scot Govt has agreed that *PfE* Steering Board papers can be sent to such an address; the Chair asked that papers continue to be sent to his personal email address as well. The generic address would be: spbchair@rpharms.com.
- It was agreed that a 'mapping' exercise be carried out to establish what has not been included in *PfE* which the RPS in Scotland had submitted in its response to 'Wilson and Barber'. If items have been omitted, then influence is required to ensure desired outcomes.
- It was agreed that a 'closed' VN working group made up of all BMs to be established, to be entitled SPB *PfE* Working Group; CR to arrange. DT suggested that such a VN could act as a sounding board, allowing BMs to consider the views of members.

JMcA asked if there are any other plans for dissemination; AMack noted that, at the November 2014 meeting of the *PfE* Reference Group, there was a session about how the working groups will engage with different stakeholders; the working groups need

to be in place before communications can be confirmed. Such a forum would ensure that the SPB Chair and any RPS representation on the Steering Board and Reference group are equipped with relevant information and a clear steer on policy decisions to inform forthcoming meetings.

- Chairs of working groups to be approached to ensure that RPS members who are practitioners are well represented, particularly early adopters who are currently involved in examples of best practice which align with the ethos of *PfE*. The Chair provided details of Chairs of working groups to ABr.
- LPFs to be kept abreast of developments JB suggested that it would be a mistake not to have a strategy to seek opinions and concerns from Members as it should help inform the content and structure of the RPS National Seminar. JB was also concerned about the way the *PfE* working groups are being set up noting that, unless it is highly organised with a sound governance structure, the SPB should be formalising its concerns. The Chair noted that one of the first things that the VN working group should consider is how to consult with the membership. JMcA suggested introducing *PfE* as a 'hot topic' at LPF events; engaging with the members to find out their anxieties and concerns.

ASo suggested that, given its strategic importance and potential impact, *PfE* and the way that the Society in Scotland is seen to represent its members could be used as leverage to increase membership. AP noted that many members do not attend LPF events and suggested that an email address could be set up for Members to use to express concerns which could then be collated.

Another option would be to use 'Survey Monkeys', with the Society in Scotland raising some of the issues to which members could respond accordingly.

The Chair concluded that the SPB wishes to recognise what pharmacists do currently.

Action point: The Chair to check with Elaine Muirhead, from Scot Govt, that it is acceptable for all *PfE* papers to be sent to: SPBChair@rpharms.com as well as his personal email address.

Action point: SCN to arrange for generic email address to be set up: SPBChair@rpharms.com

Action point: CR to set up an SPB *PfE* Working Group VN, entitled SPB *PfE* Working Group

Action point: ABr to carry out a mapping exercise around the membership of the *PfE* working groups

15/22. SPB Manifesto 2016

Aileen Bryson (ABr), Scottish Practice and Policy Lead, and Susanne Cameron-Nielsen (SCN), Head of External Affairs, led a discussion on the proposed SPB Manifesto for 2016. ABr explained the layout of the table, the timeline and the section at the bottom which represents the timeline with the bottom section representing issues already considered. BMs were each asked for 'their one top priority'.

The Chair sought clarification on whether the priorities should be based on SG's strategy and action plan which is already in place and meets 95% of the Society's strategy or is it the other 5%, which was confirmed as the case. AMacK advised that when considering priorities, BMs should do so in the context of all politicians and not

only the current government and also that it is achievable; BMs were advised that there should be no more than three or four statements of intent.

Priorities

Improving and maintaining patient safety: this would trigger access to the patient record, monitoring chronic conditions, long term conditions and serial supply. A common theme that can be broken down into its component parts (DT). ASo noted that the GPhC now recognises that not to have access to the patient record is a risk. JMcA suggested theming areas and using umbrella terms which map to the Quality Strategy, i.e. safe, effective, person-centred – explicit.

Workforce planning: The original suggestion was workforce pressures and wellbeing of pharmacists, however, it was agreed that this could be the implicit intent but wouldn't be included as such in the Manifesto. Workforce planning, which would relieve workforce pressures, was suggested as an alternative (ACB). AMacK suggested increased resource / funding to ensure the delivery of *PfE*. ASo urged caution, noting that workforce planning needs to be considered from the perspective of the roles that pharmacists will play in the future not from the roles that they play now. In England, the RPS and RCGP are actively campaigning together for pharmacists to increase their role within healthcare and particularly alongside GPs.

Decriminalisation: AG noted that decriminalisation is a key issue for the RPS membership and should be included in the Manifesto. BMs were advised that this issue is progressing through Westminster as part of the review of the Medicines Act. The professional body has appraised Scottish Ministers of the need for this issue to be rectified through responses to consultations, for example, *Duty of Candour*. It is the intention that duty of candour will become a statutory requirement whereas it is currently a matter of good practice. If it becomes a statutory requirement it will mean that every time a pharmacist declares an error, they will be liable to prosecution.

Contractual changes: Although not in the 'gift' of the professional body to negotiate, the SPB could comment on the need for the GP and Community Pharmacy Contracts to be brought together; the GP Contract for 2017 has already been negotiated. DT suggested by the time of the Scottish elections, Health and Social Care integration will be in place and there will be scrutiny of budgets; pharmacy input could keep people in their own homes for longer. DT also noted that dialogue with CPS is required to ensure there is commonality between the two manifestos; need to liaise with CPS to check that there is common advocacy.

Up-skilling of pharmacists and support staff: JMcA suggested that this should be prioritised and is required across the whole profession to ensure that practitioners have the confidence and reassurance that they will be supported in the delivery of *PfE*. AG suggested that the contract needs to be in place for upskilling to function. SM urged caution around the wording, i.e., up-skilling, as crucial that SG is confident that pharmacists already have the skills to deliver.

Reducing the incidence of medicines shortages: Medicines shortages compromise patient care. AMacK advised that medical practices are being overwhelmed by the issue of medicines shortages. Significant amounts of time is being taken up with amending prescriptions, causing issues between GP surgeries and pharmacies.

Bureaucracy busting: Pharmacists are 'snowed under' with bureaucracy to the extent that it inhibits the provision of direct pharmaceutical care. AG suggested that improved systems in pharmacies are required to alleviate some of the pressures.

Shared resource: AMcG suggested that a practice manager role should be a shared resource (not contractual) between GPs and pharmacists; the role would act as a conduit to better communications, etc.

It was agreed that ABr / SCN would produce draft notes ensuring that Andrea Smith has an opportunity to input. SCN asked BMs for case studies as very powerful – makes it very real and demonstrates impact. The Chair suggested that photo opportunities would be beneficial, ACB suggested that younger pharmacists should be included.

Action point: ABr / SCN to draft notes based on discussions ensuring that Andrea Smith has an opportunity to input.

Action point: BMs to feed in ideas to ABr / SCN.

Action point: BMs to provide case studies to strengthen the Manifesto.

15/23. Medicines (meds) Shortages

Charles Willis (CW), Head of Public Affairs, gave a brief background summary on the issue of meds shortages (Item: 15.01/SPB/18). It is a very complex issue; it is clear that the issues that impact on pharmacists in the UK are largely influenced by issues in the wider world. The main contributory factors are:

- Exchange rates – in 2008, the sterling / euro exchange rate changed dramatically and it is surmised that this is where much of the trading started
- Wholesaler dealing - this is encouraged by the European Union.
- Quotas – 90% of the time, quotas assist in the supply of meds, but have the capacity to go 'spectacularly wrong'.
- Price differentials – Prices across Europe vary and UK pricing is very competitive, making UK medicines very attractive to other countries.

In the current economic climate, there is very little that the Society can do, however it is working with the Government via the Meds Supply Chain Group (MSCG). The MSCG is looking at minor changes to alleviate the situation rather than deal with the main issue. The Society's active involvement in the MSCG will demonstrate to our Members our commitment to addressing this issue.

The other area where the Society can influence is to lobby the UK Governments to converse with Europe to ensure that meds in short supply should be taken off the lists of meds which can be traded on the open market; the Treaty of Rome states that exclusions to trading includes when it will affect the public health of a nation. CW recommended that the Society should call for the Government to monitor meds in short supply, so that there is an awareness of meds affected. AMacK asked about the achievability of change. CW confirmed that there are positive outcomes about to come to fruition: a patient leaflet is to be produced, a single standardised order form for pharmacists to use rather than separate forms for each manufacturer. The amending of codes is also being considered, so that, when there are shortages, the reasons why there are shortages will be understood.

JB noted that, historically, the main issues were around the import / export of medicines; current issues, particularly in community pharmacy, are how to manage quotas systems and how to communicate with manufacturers, and these can be worked through. The immediate challenges are around shortages of generic meds and also genuine manufacturing issues, e.g. license changing and batch recalls. Where these issues are causing friction professionally is when pharmacists are dealing with GP practices and implications of this. JB suggested there is a proportion of the profession that doesn't deal practically with these things. As this is a professional issue, JB suggested that the RPS could produce some guidance on how to deal with these situations. Procurement was also discussed as this is something that should be considered as a 'skill', which needs to be honed, 'not just a store-keeper function'. CW noted that smarter procurement has increased the issue of meds shortages because bodies of pharmacists have got together to buy in bulk; awarding a contract to one manufacturer has resulted in a rationalisation of the number of manufacturers providing a drug. Ewan Black (EB) asked if there is a way to monitor whether a shortage is just within one pharmacy or whether the issue is wider spread. CW confirmed that the Falsified Meds Directive (FMD) work stream, as far as manufacturers are concerned, will help their case with regards to meds shortages; because of the system of bar-coding, every pack will be traceable. ASo noted that FMD should not be about 'policing' and, unless legislation is brought in (as in Germany) procurement and bulk buying is not against free trade. FMD is about patient safety and the prevention of counterfeit products entering the supply chain. The problem is where there is a problem with manufacturing. AG suggested that manufacturers are not interested in working with pharmacy until it suits them.

Action point: CW to discuss with the PDS team, the potential to produce some GB guidance around procurement and working with manufacturers and GP practices

15/24. **Falsified Medicines Directive (FMD)**

(Items: 15.01/SPB/19 and 15.01/SPB/19-app1). Charles Willis (CW), Head of Public Affairs, updated the Board on two recent meetings of the European stakeholders Group (ESG). Following the very clear direction from the three NPBs, the Society wrote a disclaimer to the Memorandum of Understanding (MoU). All members of the ESG declined to sign the waiver, believing that signing the document would be an acceptance that the MoU is a legal document, which they disagree with; they also felt that all their members would want the same things. CW noted that the impression he got from the other members of the ESG was that the Society's position 'was a bargaining ploy' rather than a genuine position that the Society would not sign the MoU; they are now very clear on that point. The RPS has now been removed from the MoU. ASo attended part of the meeting and initiated a discussion around costs; the ESG would require up to £80k from each 'constituent'. ASo attended the meeting as a representative of the professional body, to ensure that from a professional aspect things work; it is not the Society's responsibility to manage the supply chain. This is a 'train journey with stops' the RPS 'needs to have the right to get off at any stop'. The Society should have no financial input; there was no recognition of scale of organisation, with the assumption that the Society would pay the same amount as the ABPI, i.e. up to £80k. CW will continue to present this view; the future role of the RPS will be discussed at the PLBB. CW acknowledged the support of Sid D'Ajani, ASo and ABr. Independent legal advice has been sought and it has been confirmed that signing the MoU would be of no benefit to the RPS. It was suggested that the MoU be read to assure the Society that it meets with the terms of the disclaimer. This has

been recorded in the minutes so that the Society does not continue with ongoing negotiations around the MoU,

15/25. **Any other Competent Business**

Pre-registration (pre-reg) places and the funding of pre-reg places:

Ailsa Power (AP) gave a brief background summary; AP was contacted by an RPS Member who had asked that this matter be raised at the Board meeting. The RPS Member was concerned because, with there only being 170 NES funded places together with a limited number of non NES funded places, a student had been asked to pay a contractor to be taken on. NES contacted the GPhC to find out about non-funded places; The GPhC had previously had a ruling that non-funded time had to be salaried during the pre-reg year but, because of the difficulty in enforcing this, the ruling has been withdrawn; this does mean that pre-reg pharmacists can now complete their pre-reg year on a voluntary basis; the concern was that a student had been asked to pay to be taken on. AP asked for the view of the SPB. ACB noted that there has been an announcement from Westminster that there will be no capping of under-graduate places; almost at the same time, an announcement was made that there will be a 5 year degree with integrated pre-reg; this is being pushed through very quickly. Coupled with this, the GPhC is about to issue a green consultation paper (1st quarter of 2015) on the accreditation of 5 year degrees only. ACB was at a recent Pharmacy Schools' Council Meeting where she was asked about the RPS's stance on this. HG has been invited to a special meeting of the Pharmacy Schools' Council to discuss this matter; it needs to go through the NPBs and not just the Assembly so that it is fully considered. The issue that AP has described has huge implications; the Society has to have a firm view on pre-registration.

The Chair was very concerned at GPhC's stance; it will mean that the two SoPs will have to work closely with NES when the Scottish pharmacy degree is accredited; the fifth year being accredited will be with NES. The Head of School at Strathclyde is trying to set up a meeting with the Head of School at RGU and also with NES to consider this matter. AP noted that this makes the issue of having to pay for pre-reg year even more important. ACB noted that, when accreditation takes place, it is not yet known where the responsibility to ensure pre-reg places will lie – with the service, with NES or with the SoPs; there are many unanswered questions.

ACB offered to consult with HG and ASo about the discussions at the Pharmacy Schools' Council meeting held on 13 January, before they meet with the Pharmacy Schools' Council. HG agreed that the Society needs to have a fixed line; it needs to be clear about its position. The Society needs to ensure the best quality experience to ensure the best quality pharmacists out of the programme; this is a 'real market-oriented system'. BMs were asked for their views on what was realistic for the RPS to do, given the sensitivities around 'nation to nation'. The Society needs to ensure that it has the right field of people to ensure the best discussions are had with the SoPs. HG noted that it would be beneficial to have a discussion with ACB beforehand to understand what the SoPs are expecting from the RPS; this might help to inform the Board's view on its position. It was noted that the SPB has taken a position on what would be suitable for Scotland but this needs to be translated through the RPS. The Chair noted his disappointment that discussions have taken place under formal structures in England between different departments at government level and that 'Scotland buried its head in the sand' through all these discussions including the

'modernising pharmacy careers' stream and did not come up with a parallel work stream because, until discussions are had around the funding of this, it is very difficult for NES, the SoPs or indeed the RPS to have a solution to impose on government departments.

ASo noted that it would be very helpful to have a commonality from the SoPs, etc. for the Society to take a position on. ACB suggested that the Heads of Schools are looking for direction from the RPS. ASo continued, advising that there is a lot of work going on at the moment around the roles of a pharmacist; he suggested that the workforce planning is very much out of date. He has had a number of students asking to work for him for nothing; the risk is that, because of the market, students will pay because the income at the end of the year, when qualified, will justify the means. JB agreed that payment for pre-reg should not become a precedent; he noted an ethical dilemma that he faces is that if he is approached by a student who wants a private place because of a shortage of government funded places and he is not receiving funding to train them, should he refuse because it is unethical to pay less than the going rate or should he accept them on the basis that he can provide a good training experience.

The Chair asked that, for today, the Board proposes a holding response to the RPS Member who raised the initial matter regarding the student. ACB, AP and JB to draft a holding response.

ASo suggested that the wider GB issue should be discussed at PLBB in February.

Action point: ACB, AP and JB to draft a holding response to the RPS Member who had raised the issue of pre-reg students paying to work in their pre-reg year.

Dillip Nathwani

ACB asked that Dillip Nathwani be sent a letter of congratulations for being awarded an MBE. ACB to draft and JC to sign.

Action point: ACB to draft a letter of congratulations to Dillip Nathwani. The Chair to sign the letter.

- 15/26. Date of Next Meeting**
22 April and provisional 21 April 2015.